## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

| 1 2 1 2006  |   |  |   | P.O. Box 1450<br>Alexandria, Virginia 22313-1450<br>(571)-273-2885  |   |  |  |
|---|---|--|---|---|---|--|--|
| INSTRUCTIONS: This appropriate. All further for indicated unless corrected indicated unless corrected to the state of the | m should be used for trans<br>respondence including the<br>below or directed otherwise  | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a                             | TE FEE and PUBLISHERS and notification ) specifying a new of  | CATION FEE (if requirements of maintenance fees vorrespondence address  | ired). Blocks 1 through 5 s<br>will be mailed to the current<br>; and/or (b) indicating a sep   | should be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for  |  |
| CURRENT CONDENCE ADDRESS (Note: Use Block I for any change of address)  |   |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                   |   |  |  |
| 54472 7590 03/16/2006   |   |  |   | Cer   | tificate of Mailing or Trans  | smission   |  |
| COATS & BENNETT/SONY ERICSSON 1400 CRESCENT GREEN SUITE 300 CARY NG 27511   |   |  |   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |  |  |
| CARY, NC 27511<br>05/25/2006 WABDELR3 00000020 10632317   |   |  |   | ALFONSO G   | . SANDOVAL  | (Depositor's name)   |  |
|   |   |  |   | alfro of Justical (Signature)   |   |  |  |
| 01 FC:1501<br>02 FC:1504  |   |  |   | MAY 22, 2006 (Date)   |   |  |  |
| APPLICATION NO.   | FILING DATE   | FIRST NAMED INVE   |   | ITOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.   |  |
| 10/632,317  | 08/01/2003 Jason I  |  | Jason M. Cope   |   | 2002-017  | 5228   |  |
| TITLE OF INVENTION: V   | EHICLE CHARGER/FLAS   | HLIGHT   |   |   |   |  |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FI   | EE P  | JBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional  | NO  | \$1400   | )   | \$300   | \$1700  | 06/16/2006   |  |
| EXAMINER  |   | ART UN   | т с   | LASS-SUBCLASS   |   |  |  |
| WARD, JOHN A  |   | 2875   | 2875 362-253000   |   | -   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  COATS & BENNETT PLLC  1400 CRESCENT GREEN  SUITE 300  CARY, N.C. 27511 |   |   |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and S  CONVENTIONS ASSIGNEE  CONVENTIONS ASSIGNEE  Please check the appropriate assignee category or categories (will not be printed on the patent):  |   |  |   |   | COUNTRY)  |  |  |
| Issue Fee Publication Fee (No small entity discount permitted)  Payr  |   |  |   | ment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Sayment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to eposit Account Number (enclose an extra copy of this form).                               |   |  |  |
| a. Applicant claims S   | (from status indicated above<br>MALL ENTITY status. See<br>is requested to apply the Issa   | 37 CFR 1.27.   |   |   | LL ENTITY status. See 37 C<br>y paid issue fee to the applica<br>stered attorney or agent; or the   |  |  |
| NOTE: The Issue Fee and P<br>interest as shown by the reco  | rublication Fee (if required) vonds of the United States Pate   | will not be accepted<br>ent and Trademark  | office.   | nan the applicant; a reg  | istered attorney or agent; or the   | ne assignee or other party in  |  |
| Authorized Signature  | Stery Sen   | ret  | Date  | 122/2006  | <del></del>   |  |  |
| Typed or printed name DAULD E. BENNETT Registration No. 32, 194   |   |  |   |   |   |  |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestions<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313-   | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT s for reducing this burden, slinia 22313-1450. DO NOT 1450. | 11. The information 122 and 37 CFR O. Time will vary could be sent to the SEND FEES OR C | n is required to obtain 1.14. This collection depending upon the Chief Information COMPLETED FORM   | n or retain a benefit by the sestimated to take 12 individual case. Any confficer, U.S. Patent and S. TO THIS ADDRESS   | he public which is to file (and<br>minutes to complete, includir<br>mments on the amount of ti<br>Trademark Office, U.S. Dep.<br>S. SEND TO: Commissioner | d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.